



STUDENT'S ACADEMIC INFORMATION

Family Name

Student's Name

A separate form must be completed for each child enrolling.

Present School Attending

Present Kindergarten Attending OR Will Be Attending

NOTE: Please provide the student's last year's school report with this application. If your child has a learning difficulty, psychiatric or special needs, please provide any reports or evaluations that your child has undertaken. An interview cannot be organised until we have all of the appropriate paperwork.

SCHOOL REPORTS PROVIDED

Yes No

Does the student aim to prepare for Tertiary Education?

Yes No Unsure

Does the student have any special learning needs or concerns?

Yes No

If 'yes', please provide further details

Has the student undergone professional assessment/s for the above learning needs or concerns?
(eg speech language, psychological)

Yes No

If 'yes', please provide copies of assessment. **ASSESSMENT PROVIDED**

Yes No Unsure

STUDENT'S DISCIPLINE INFORMATION

Has the student had any discipline difficulties at school?

Yes No

If 'yes', please provide further details

Has the student been suspended or expelled from another school?

Yes No

If 'yes', please provide further details

Has the student been in trouble with the law, been arrested, or been investigated by the Department of Family and Community Services?

Yes No

If 'yes', please provide further details

ENGLISH AS A SECOND LANGUAGE

IF THE STUDENT SPEAKS ENGLISH AS A SECOND LANGUAGE, PLEASE COMPLETE THE FOLLOWING.

Did the student attend a language school for new arrivals? Yes No

Does the student attend language school? Yes No

If 'yes', which language?

How proficient is the student at speaking English? Fluent Functional Broken

PARENTAL INFORMATION

*** PLEASE ANSWER ALL QUESTIONS AS THEY ARE A GOVERNMENT REQUIREMENT ***

1. Parent's Nationality (where do you have citizenship?)

Mother: _____ Father: _____

2. Parent's Country of Birth

Mother: _____ Father: _____

3. Parent's Ethnicity (Grandparents' Country of Birth)

Mother: _____ Father: _____

4(a). What is the highest year of primary or secondary school the parents/guardians have completed?

(For persons who have never attended school, mark 'Year 9 or equivalent or below.')

<i>Mark only one box in each column</i>	Mother / Parent 1 / Guardian 1	Father / Parent 2 / Guardian 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

4(b). What is the level of the highest qualification the parents / guardians have completed?

<i>Mark only one box in each column</i>	Mother / Parent 1 / Guardian 1	Father / Parent 2 / Guardian 2
Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

Using the list over the page, please select the appropriate parental occupation group.

If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, enter '8' in the appropriate box.

5(a). What is the occupation group of Mother / Parent 1 / Guardian 1?

5(b). What is the occupation group of Father / Parent 2 / Guardian 2?

LIST OF PARENTAL OCCUPATION GROUPS (FOR QUESTION 5)

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

MEDICAL INFORMATION

A separate form must be completed for each child enrolling.

It is mandatory that all students with symptoms of a communicable disease be excluded from school until well.

Family Name _____ Student's Name _____

Medicare Number _____ Ambulance Cover Yes No

Private Health Fund Yes No Details _____

Emergency Contact (other than parents) Name _____

Phone Number _____ Mobile Number _____

Family Doctor Name _____ Phone Number _____

Please provide a copy of this student's birth certificate with this application

PAST MEDICAL HISTORY

Does your child have / had any of the following conditions? *(Please tick the appropriate box / boxes)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD (Attention Deficit Disorder) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asperger's Disorder |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADHD (Attention Deficit Hyperactivity) |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Speech Problem | <input type="checkbox"/> ASD (Autism Spectrum Disorder) | <input type="checkbox"/> Other _____ |

If you have ticked any of the above conditions, please give details:

Physical Impairment _____

Visual Impairment _____

Does the student need prescription lenses or print modification to do their work? Yes No

Hearing Impairment _____

Does the student need hearing aids or individual instruction to optimise hearing? Yes No

Has the student seen a psychologist or psychiatrist? Yes No

Psychiatrist Name: _____ Phone Number: _____

If 'yes', please provide further details _____

If 'yes', please provide copies of assessment. **ASSESSMENT PROVIDED** Yes No

MEDICAL INFORMATION CONTINUED...

Family Name _____

Student's Name _____

Allergies _____

What are the physical symptoms of this allergy? _____

Is there a medication prescribed for this allergy? If so, what? _____

In the event of an allergic reaction, what is to be done? _____

N.B. If medication administration is required, please read note on MEDICATION ADMINISTRATION

Medical Conditions:
Medical assessments and
medical care plans **must**
be provided.

1. _____

2. _____

3. _____

Is medication prescribed for any of these conditions? If so, what?

Yes

No

Regular Medication:

1. _____

2. _____

3. _____

Will the College be responsible for administering these medications?

Yes

No

N.B. If medication administration is required, please read note on MEDICATION ADMINISTRATION

Psychiatric Conditions:
Psychiatric assessments and
medical care plans **must**
be provided.

1. _____

2. _____

3. _____

Is medication prescribed for any of these conditions? If so, what?

Yes

No

Regular Medication:

1. _____

2. _____

3. _____

Will the College be responsible for administering these medications?

Yes

No

N.B. If medication administration is required, please read note on MEDICATION ADMINISTRATION

PARACETAMOL ADMINISTRATION

I give permission to allow College Staff to administer to my child, paracetamol (Panadol, Panamax or soluble Panadol) if deemed necessary following an examination of my child.

Yes

No

Parent / Guardian Name _____

Parent / Guardian Signature _____

IMMUNISATIONS

	Triple Ant	Hep B	HIB	Polio			PPV	
Birth								
2 Months								
4 Months								
6 Months					MMR	MCV		
12 Months								CPox
18 Months								
4 Years								
12-19 Boostrix			HPV					

My child is up-to-date with all immunisations Yes No

Date of last Tetanus _____

Please list any other immunisations that the student may have had:

1 _____ 2 _____
 3 _____ 4 _____

I have chosen not to have my child immunised

Please give reasons _____

MEDICAL ADMINISTRATION (PLEASE READ)

Please note for any medical condition where the College is responsible for administering medications to a student, the College requires a Medical Care Plan written and signed by the prescribing Medical Officer for each medication and medical condition.

‘A permission to give medication Form’ must also be completed and signed by parents, and then returned to the College, this will need to be updated on a yearly basis. The box that the medication is dispensed in, from the Pharmacy must accompany all medications. Single blister packs of medication are not deemed sufficient as proof of prescribed medication for a student.

No student will be administered medication at the College without all the required documentation provided. No student will be able to attend excursions or camps unless we have the appropriate documentation, care plans, medication in the box that it is dispensed in, medication administration records and up to date permissions signed.

No medication is to be left in a school bag during School hours all medication must be kept in Student Services for safety (other than Ventolin, for students from Years 3-12).

For further clarification please read the “First Aid & Medication Administration Policy.”

I declare that I understand the procedure of Medical Administration as explained above and the information that I have given Hope Christian College in this Medical Information Document is true and correct as of the time that I have signed this document.

Parent / Guardian Name _____ Signature _____ Date _____

POLICY AGREEMENT

PLEASE NOTE, PARENTS / GUARDIANS ARE REQUIRED TO SIGN BELOW. PLEASE CIRCLE YES OR NO.

Discipline Policy	I hereby affirm our support and understanding of the discipline policy of Hope Christian College.	Yes / No
Enrolment Declaration	<ol style="list-style-type: none"> 1. In enrolling my child I accept that they will be educated in the Christian faith and in a Christian Educational environment. 2. I accept that support of College staff, and co-operation concerning College activities is essential. 3. I accept that we will abide by the policies as amended from time to time. 4. I accept that Hope Christian College reserves the right to suspend or expel a student for serious or continual breaches of school rules and regulations. 5. I accept the standards set by the College regarding grooming, uniform, and personal presentation. 6. I accept responsibility for the payment of tuition fees and other costs associated with the education of my child. 7. I accept that Hope Christian College does not accept liability for damage or loss of any personal possessions of students. 8. I agree to support the Release of Information Policy. 	Yes / No
Parent Contract	<ol style="list-style-type: none"> 1. I give my support to the policies and programs which are implemented by the Board and Principal. 2. I support the integrity of the Principal and Staff by consulting them in the event of any situational dispute, and in such a dispute will privately consult the relevant staff member. If the matter cannot be resolved it can be taken to the Principal or Pastor, and then the Board for resolution. 3. I will accept the decision of the Board in all matters requiring arbitration. 	Yes / No
Consent for Photographs	<ol style="list-style-type: none"> 1. I give consent for photographs, images, and videos taken of my child and their work done during class activities to be published by Hope Christian College in documents, College magazines display and journals. 2. I give consent for photographs, images, and videos taken of my child and their work done during class activities to be published on our websites, as in our Newsletter which is posted on our website. 	Yes / No
Internet Usage	I accept that my child is expected to adhere to the rules and regulations that the College has set down concerning computer and internet usage, and accept that if these regulations are breached that my child's usage of the computers and the internet will be withheld.	Yes / No

Parent / Guardian Signature _____

Date _____

COLLEGE FEE AGREEMENT

Family Name

Student's Name

I have read and agree to the terms and conditions of the Hope Christian College fee schedule. Yes No

The College Fee that applies to my application is:

Full Fee
 School Card

I understand that the College Fees charged by Hope Christian College cover all tuition costs, text books, excursions and camps, but not uniforms, private music tuition, or after-school team sports. Yes No

If this application for enrolment is accepted, I understand that it is my responsibility to pay the required College Fees promptly, and to notify the College of any delays. Yes No

I understand that each term's fees are to be paid in full before the student commences in the following term. Yes No

I declare that the information supplied in this application is to the best of our knowledge correct. The signing of this application is considered as an acceptance of the programmes and policies as instituted by the College Board, and as carried out by the Principal and staff.

Mother / Parent 1 / Guardian 1 Signature

Father / Parent 2 / Guardian 2 Signature

ENROLMENT APPLICATION CHECKLIST

REMINDER: the CHECKLIST below must be completed before you submit your application.

***** An interview cannot be organised until all of the following have been completed *****

Have you signed all pages of this form where applicable? Yes No

Have you provided school reports and NAPLAN test with this application? Yes No

Have you provided copies of assessments or reports of special needs? Yes No

Have you provided a copy of the student's Birth Certificate? Yes No

Have you provided copies of Visa or Australian Citizenship if applicable? Yes No

Are all questions answered by ticking the relevant boxes in each category? Yes No

If you have any questions or difficulty completing these forms, please don't hesitate to ask our friendly staff.